PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10762979

CLAIMS AS FILED - PART I													
				(Column 1) (Column 2)				SMALL ENTITY			OTHE	OTHER THAN	
	TOTAL CLA	AIMS 9				(Colonit 2)		TYPE		0	R SMAL	L ENTITY	
	FOR	FOR		NUMBER FILED		NUMBER EXTRA		RATI			RATE		
	TOTAL CHAP	RGEABLE CLAIMS				12		BASIC	EE 385.	00 OF	BASIC FE	E 770.00	
	INDEPENDEN		72'	7 1 minus 20=) minus 3 =				X\$ 9:		OR	X\$18=	1296	
	MULTIPLE DE		illinus 3 =	9			X43=		OF	X86=	774		
ľ								+145=		OR	+290=	1	
1				ess than zero, enter "0" in column 2 MENDED - PART II			•	TOTAL		OR	TOTAL	2840	
ı							OTHER	THAN					
	4	(Column 1) CLAIMS	·	(Columi HIGHE		2) (Column 3)		SMALI	- ENTITY	OR	SMALL	ENTITY	
AMENIDATA		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL	
	Total Independer	*	Minus	**		=		X\$ 9=		OR	X\$18=	FEE	
	FIRST PRE	SENTATION OF N	Minus	***		=		X43=	 		X86=	7	
1			MOLTIPLE DE	PENDENT C	LAIM		-		 	OR	700=		
1				•			L	+145=		OR	+290=		
	(Column 4)						ΑE	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column CLAIMS HIGHEST												
AMENDMENT		REMAINING AFTER AMENDMENT		NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Independent	*	Minus	**		=		X\$ 9≃		OR	X\$18=	FEE	
₹	FIRST PRES		Minus	***		11		X43=		107			
_	1	SENTATION OF MU	JLTIPLE DEP	ENDENT CL	AIM		\vdash	//10 _		OR	X86= .	•	
										OR	+290=		
		(Column 4)					· ADI	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
6	`	(Column 1) CLAIMS		(Column :		(Column 3)							
AMENDMENT C	·	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSI PAID FOR	Y	PRESENT EXTRA	F	ATE	ADDI- TIONAL] [RATE	ADDI- TIONAL	
QN	Total	*	Minus	**		= .			FEE	 -		FEE	
AME	Independent		Minus	***		=	<u> </u> ^	\$ 9=		OR	X\$18=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEPE	ENDENT CLA	AIM		L _X	43=		OR	X86=		
*. (f	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
***If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT FOR													
r)	ne "Highest Num	ber Previously Paid	For" (Total or Ir	ndependent) is	the hi	s, enter "3." ghest number fo	und in	the appr	opriate box	in colum	DIT. FEE L n 1.		